



Long Beach Memorial Medical Center Supplemental Site Investigation & Cleanup
COMMUNITY SURVEY QUESTIONNAIRE

1) How long have you lived or worked in the area?

☐ 0-5 years ☐ 6-12 years ☐ 13-20 years ☐ 21 or more years

2) Prior to reading the attached letter, were you aware that the Long Beach Memorial Medical Center was located in Long Beach? ☐ YES ☐ NO

If YES, where did you acquire your prior knowledge about the site? ☐ Newspapers, ☐ Neighbor
Other (please specify): _____

3) What is your current level of interest in this site? ☐ None ☐ Low ☐ Moderate ☐ High

4) Do you have any specific concerns about this site or project? If so, please describe:

5) Have you had any contact with local or state officials regarding this site? ☐ YES ☐ NO

If YES, please describe: _____

6) Are you interested in receiving information about the investigation and future work?

☐ YES ☐ NO. If YES, what is the best way? ☐ Fact Sheets or Letters, ☐ Community-
Meetings, ☐ Other (please specify): _____

7) What languages are spoken in your community? _____

8) Can you suggest any other person or groups that might be interested in receiving information about this site or the work proposed for it? _____

—Mailing Coupon—

If you are interested in being added to the distribution list for mail related to the Long Beach Memorial Medical Center site, please fill in this mailing coupon and mail it to the address below.

☐ Please place me on the distribution list for future materials related to this site.

Name: _____

Address: _____

Affiliation(s): _____

Please mail the questionnaire to the following address:

Tim Chauvel
Public Participation Specialist
Department of Toxic Substances Control
5796 Corporate Avenue
Cypress, CA 90630